



FY13 VA-DoD Inpatient Billing Update

Presented by TMA UBO Program Office Support

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- VA-DoD Resource Sharing Agreements
- Inpatient Billing Resources
- Components of Inpatient Care
- Inpatient Institutional Calculator
- Inpatient Billing Guide
- Multiple Services/Items within a Category
- Saving Calculations
- Practice Scenario
- Questions

VA-DoD Resource Sharing Agreements

- VA beneficiaries can receive inpatient care at MTFs that have VA-DoD Resource Sharing Agreements
- “Inpatient hospital care is defined as treatment provided to an individual, other than a transient patient, who is admitted to the hospital, requiring the patient to be in the facility on a 24-hour a day basis. It does not include services such as partial hospitalization, observation, or ambulatory surgery (this is not a complete list).”*
- Includes both institutional and professional components

■ *2006 VA-DoD Memorandum, “Health Care Resource Sharing” 3

VA-DoD Resource Sharing Agreements

- Billing for inpatient episodes of care is governed by the 2006 VA-DoD Memorandum, Health Care Resource Sharing Rates-Billing Guidance Inpatient Services (available on TMA UBO Web site at <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient>)
- Use the rates set out in the Guidance Memorandum unless



MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DIRECTOR TRICARE MANAGEMENT ACTIVITY
NETWORK DIRECTORS (10N1-23)
CHIEF OFFICERS

SUBJECT: Department of Veterans Affairs (VA)-Department of Defense (DoD)
Health Care Resource Sharing Rates-Billing Guidance Inpatient
Services

Components of Inpatient Care

- Institutional component includes:
 - Routine services (e.g., room, board, therapy, and nursing services), and supplies necessary for the treatment of the patient
 - Technical components of ancillary services (laboratory, radiology)
 - ER facility/ancillary services
 - Take-home drugs
 - Special care unit operation
- Charges based on TRICARE/CHAMPUS Medicare Severity-Diagnosis Related Group (MS-DRG)-based payment system
 - Use TMA UBO Inpatient Institutional Calculator to calculate billable charge based on MS-DRG, Length of Stay, Disposition Status, and MTF ZIP Code

Components of Inpatient Care

- Non-Institutional components include:
 - Professional Services to include rounds, inpatient surgeries, and other inpatient procedures
 - Ambulance Services
 - Anesthesia Professional Services
 - Purchased Care Services from outside facility
 - Durable Medical Equipment, such as crutches to go home with the patient
 - Pharmaceuticals furnished for use after episode of care is completed
 - Pass-through “c” HCPCS items, such as implantable devices that are not yet incorporated into the DRG

Components of Inpatient Care

- Per VA-DoD Guidance Memorandum, costs for Non-Institutional charges based on rates in effect on date of service:

Professional Services	TRICARE CMAC rate less 10% discount
Durable Medical Equipment	CMS DME rate less 10% discount
Ambulance Services	CMS Ambulance rate
Anesthesia Professional Services	TRICARE CMAC rate less 10% discount
Purchased Care Services from Outside Facility	Cost
Pharmaceuticals	Average wholesale price (AWP) less 60 percent plus a \$9.00 dispensing fee
Pass-through Items	Cost
Other	Cost

- MTFs may negotiate different rates with the VA, including different discount % or specific rates

Inpatient Billing Resources

- Inpatient Institutional Calculator, Inpatient Billing Guide for Professional Services, User Guide, and a list of the official ZIP codes of MTFs that provide inpatient care are available on the TMA UBO Web site at:
<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>
- For MTFs with standard resource sharing agreements with the VA
 - Use the Excel® file:
“Standard_Modified_VA-DoD_Inp_Inst_Calculator_FYxx.xls”
 - Includes a fixed 10% discount for institutional, professional, and anesthesia services and for Durable Medical Equipment (DME)
- For MTFs that have negotiated an agreement with a different discount percentage or negotiated rate for one or more of these services/items
 - Use the Excel® file:
“Variable_Rate_Modified_VA-DoD_Inp Inst
Calculator_FYxx.xls”

FY12 and prior FY Inpatient Institutional Calculators

- Display numerous inputs, outputs and payment calculation details

Simplified TRICARE DRG Payment Calculator - For Inpatients Discharged in FY			
Instructions for use:			
a. Enter Length of Stay (LOS) in Bed Days in cell C13 of Claim Information			
b. Enter DRG Number in cell C14 of Claim Information			
c. Enter Disposition Status in cell C15 of Claim Information			
d. Enter Zip Code of your MTF in cell C21 of Hospital Specific Information. Wage Index will automatically be looked up			
e. Find Total Payment (Amount to be billed, including the VA/DoD Discount) in cell H23 of Payment Summary			
Claim Information			
Input		Output	
LOS	3	DRG Weight	0.8318
DRG	389	Geometric Mean	3.1
Discharge Status	63	Arithmetic Mean	3.9
		Short LOS Threshold	1
		Transfer Flag	3
		Long LOS Threshold	22
Hospital Specific Information			
Input		Output	
Zip Code	73501		
Wage index	0.6793	Wage Adjusted ASA	\$ 4,827.53
G.I. OBSTRUCTION W CC			
Payment Details (Excludes VA/DoD Discount)			
Wage Adjusted ASA	= [ASA*Labor Portion*Wage index+ASA* Non-Labor Portion]		
	= [\$5,215.92*0.62*0.6793+\$5,215.92*0.38]		
	= \$ 4,827.53		
Inlier DRG payment	= DRG Weight*Wage Adjusted ASA		
	= 0.8318*\$4,827.53		
	= \$ 4,015.54		
Short LOS Outlier Payment (Not a Short LOS Outlier)	= minimum of [2*LOS*(Inlier DRG Payment/Arithmetic Mean LOS) OR Inlier DRG Payment]		
	= minimum of [2*3*(\$4,015.54/3.9) OR \$4,015.54]		
	= \$ -		
Per diem	= Inlier DRG Payment/Geometric Mean		
	= \$4,015.54/3.1		
	= \$ 1,295.34		
Long-Stay Outlier Payment (Not a Long-Stay Outlier)	= maximum of [Long LOS Marginal Cost Factor*Per diem*(LOS-Long LOS Threshold) OR \$0.00]		
	= maximum of [0.33*\$1,295.34*(3-22) OR \$0.00]		
	= \$ -		
Transfer Payment	= min(Inlier DRG payment, 2*Per diem+(LOS-1)*Per diem)		
	= min(\$4,015.54, 2*\$1,295.34+(3-1)*\$1,295.34)		
	= \$ 4,015.54		

FY13 Inpatient Institutional Calculator

- Simplified User screen
 - Same required inputs
 - Calculations and formulas in hidden worksheets (not required for Users)

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY13		
Claim Information	LOS	0
	MS-DRG	0
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	0
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -
Instructions for use:		
a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information		
b. Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below		
c. Enter Disposition Status in cell C5 of Claim Information		
d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information		
e. VA-DoD Discount is fixed at 10%		
f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary		

Calculating Inpatient Institutional Charge

- For standard resource sharing agreements with 10% discount, user must enter the following 4 inputs (obtained from the patient record):
 - Length of Stay in bed days
 - MS-DRG
 - Disposition Status
 - Facility ZIP Code (5 digits)
- If an MTF has negotiated a discount other than 10% or a specific charge, use the Variable Rate Calculator, and enter the negotiated VA-DoD Discount as well

LOS	0
MS-DRG	0
Disposition Status	0
Facility ZIP Code (5 digits)	0
VA-DoD Discount	10%
Inpatient Institutional Charge	\$ -

Calculating Inpatient Institutional Charge

- When MS-DRG is entered, its description displays below the Calculator:

MS-DRG Description	INFLAMMATORY BOWEL DISEASE W CC
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- Once all of the required inputs have been entered, the Calculator will display the total amount to bill the VA for the *institutional* component of the inpatient episode of care

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY13		
Claim Information	LOS	0
	MS-DRG	0
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	0
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -

Inpatient Billing Guide (IBG)

- A new resource in FY13 for calculating both non-institutional and institutional components of inpatient care
- Contained in same Excel® workbook as the IIC
- Institutional charge automatically populates in the IBG when calculated in the IIC
- User can calculate the costs of: Professional Services, DME, Ambulance, Anesthesia Professional , Purchased Care, Pharmaceuticals, Pass Through Items, and Other services provided during an inpatient episode of care, if any
- Open and save to a computer with Internet access
 - Applies VA-DoD discounts where applicable

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount%	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			\$ -
Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment	CMS DME	\$ -	10%	\$ -
Ambulance Services	CMS Ambulance	\$ -	0%	\$ -
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
Total				\$ -

Inpatient Billing Guide (IBG)

- Most non-institutional services have a link under the “Billing Criteria” column to access and use a TRICARE, CMS or TMA UBO Web site to determine the appropriate rate
 - Click on the link to open the Web site in default Web browser
 - Enter codes and other required information from patient encounter record to look up rate, and then enter it in the “Cost” column
- VA-DoD discount will be applied automatically (if applicable) to calculate the VA Billable Amount for that service or item

Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA DoD Inp. Inst. Calculator	\$ -		\$ 4,168.10
Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -

Inpatient Billing Guide (IBG)

- Use the “Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FYxx.xls” if MTF has negotiated a different rate or negotiated amount with the VA
 - Must manually enter the VA-DoD discount % in the “Discount %” column
 - If there is a negotiated a flat rate for a particular service or item, set “Discount %” to 0% and enter the negotiated rate under “Cost”
- MTF must have a resource sharing agreement with the VA to use the VA-DoD Inpatient Institutional Calculator, otherwise inpatient charges must be calculated using TMA UBO interagency rates
 - MTFs with current VA-DoD sharing agreements are listed at: <http://www.tricare.mil/DVPCO/va-direct.cfm>. Scroll to the bottom of that Web page and click the hyperlink “Current Sharing Agreements”



- More than one Professional Service, DME, Pharmaceutical, and/or Pass-through Item may be documented in a single inpatient episode of care
- Use the “Prof Services-DME-Rx-Pass Thru” worksheet contained in the same Excel® workbook to calculate their total cost

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Multiple Services/Items within a Category

- Enter the codes documented in the patient record in the left hand column of the relevant table
- Click the link below the table to open the applicable Web site to look up the rates for the services/items
- Enter the cost of each service or item in the right hand column of the table, next to the corresponding code
- The TOTAL full cost, excluding any VA-DoD discount, will display

Professional Services	
CPT® Code	TRICARE CMAC Rate
44950	\$ 629.61
99231	\$ 38.87
99232	\$ 71.36
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ 739.84
TRICARE CMAC Rate Lookup <	
Copy Total to IBG	

Multiple Services/Items within a Category

- When all costs have been calculated, click the “Copy Total to IBG” button below the table. The total cost of that category of service/item will populate in the “Cost” column of the IBG, the VA-DoD discount will be applied (if applicable), and the IBG will calculate and display the total VA Billable Amount
- If using more than one of the tables in the “Prof Services-DME-Rx-Pass Thru” worksheet, click the “Copy to IBG” button below each table used

Professional Services	
CPT® Code	TRICARE CMAC Rate
44950	\$ 629.61
99231	\$ 38.87
99232	\$ 71.36
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ 739.84
TRICARE CMAC Rate Lookup	
Copy Total to IBG	

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			\$ 5,656.64
Professional Services	TRICARE CMAC less Discount*	\$ 739.84	10%	\$ 665.86
Durable Medical Equipment	CMS DME	\$ -	10%	\$ -
Ambulance Services	CMS Ambulance	\$ -	0%	\$ -
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
Total				\$ 6,322.50

- All Excel® worksheet fields are reset each time the file is opened

- Each worksheet has three Command Buttons:

Clear Worksheet

← Clears the active worksheet of all User-entered data

Print Worksheets

← Sends all 3 worksheets to User's default printer

Export Worksheets

← Creates a new Excel® workbook with copies of the data from 3 worksheets

- Exported/saved Worksheet only contains a copy of the patient's information entered and total charges calculated
- User cannot change data and recalculate VA Billable charges in the exported/saved worksheet
- If changes to calculations are necessary, recalculate using original Excel® workbook and then Export again
- To save a copy of the completed worksheets for a particular inpatient episode of care must first export a copy then save

- A VA patient has an appendectomy performed at Navy Medical Center San Diego, an MTF that provides standard VA-DoD resource sharing agreement care
- He is put under anesthesia for 90 minutes by a facility physician
- The patient stays in hospital for 2 days before being discharged to his home

The following information is documented in the inpatient clinical encounter record:

- LOS: 2 days
- MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
- Disposition Status: 01 (Home)
- Facility ZIP Code: 92134

Professional Services

- CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
- Category of Provider: 1 (Facility Physician) –for all three CPT® Codes

Anesthesia Services

- CPT® Code: 00840
- Anesthesia provider: Physician
- Time of Anesthesia in minutes: 90

Practice Scenario - Institutional Services

- Enter the 4 required inputs from the inpatient clinical encounter record into the “VA-DoD Inp. Inst. Calculator” worksheet:
 - LOS: 2 days
 - MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
 - Disposition Status: 01 (Home)
 - Facility ZIP Code: 92134

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE DRG Payment Calculator - For Patients Discharged in FY13		
Claim Information	LOS	2
	MS-DRG	343
	Disposition Status	1
Hospital-Specific Information	Facility ZIP Code (5 digits)	92134
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	5,656.64

Practice Scenario – Professional Services

- Use the link to the TRICARE CMAC Procedure Pricing Web site to determine the costs for Professional Services
 - Facility ZIP Code: 92134
 - CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
 - Category of Provider: 1 (Facility Physician) – applies to all three CPT® Codes

Procedure Code	Description
44950	APPENDECTOMY

Effective Date: 01-May-12 Correction Date: N/A Term Date: N/A

CMAC for Category [1](#) \$629.61
 Category of Provider Facility Physician

CMAC for Category [2](#) \$629.61
 Category of Provider Non-Facility Physician

CMAC for Category [3](#) \$535.17
 Category of Provider Facility Non-Physician

CMAC for Category [4](#) \$535.17
 Category of Provider Non-Facility Non-Physician

CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

Foreign Country:	<input type="text" value="Select"/>
<input type="button" value="Search"/>	

NOTE: You may only search based on ONE of the fields listed above.

Professional Services	
CPT® Code	TRICARE CMAC Rate
44950	\$ 629.61
99231	\$ 38.87
99232	\$ 71.36
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ 739.84

TRICARE CMAC Rate Lookup

Copy Total to IBG

Practice Scenario - Professional Services

- Once all costs are entered in the table, click on the “Copy Total to IBG” button
- The total will be copied to the “Cost” column of the IBG and the VA-DoD discount will be applied automatically
- The VA Billable Amount will populate in the last

Professional Services	
CPT® Code	TRICARE CMAC Rate
44950	\$ 629.61
99231	\$ 38.87
99232	\$ 71.36
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ 739.84
TRICARE CMAC Rate Lookup	
Copy Total to IBG	

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			\$ 5,656.64
Professional Services	TRICARE CMAC less Discount*	\$ 739.84	10%	\$ 665.86
Durable Medical Equipment	CMS DME	\$ -	10%	\$ -
Ambulance Services	CMS Ambulance	\$ -	0%	\$ -
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
Total				\$ 6,322.50

Practice Scenario - Anesthesia Services

- Use the link to the TRICARE CMAC Anesthesia Procedure Pricing Web site to determine the costs for Anesthesia Services
 - Facility ZIP Code: 28310
 - CPT® Code: 00840
 - Anesthesia provider: Physician
 - Time of Anesthesia in minutes: 90

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Please select provider classification, procedure code, and enter the length of the procedure below.

Select Provider Classification:

☒ Class 1 (physician)

☐ Class 4 (non-physician)

Enter Procedure Code:

00840

Length of procedure (in minutes):

90

Submit for Calculations

Any questions or comments regarding this application can be sent to Webmaster-CMAC@tma.osd.mil

Practice Scenario - Anesthesia Services

- Enter “allowable amount” in “Cost” column of the IBG
- VA-DoD discount is automatically applied to calculate VA Billable Amount
- Total VA Billable Amount for all inpatient services populates at the bottom of the table

Anesthesia Rates for Procedure Code: 00840	
Locality Code: 313	
Current Rate Effective as of Tuesday, May 01, 2012	
Class:	Class 1 Provider
Duration:	90 minutes
Allowable amount:	\$255.96

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator	\$ -		\$ 5,656.64
Professional Services	TRICARE CMAC less Discount*	\$ 739.84	10%	\$ 665.86
Durable Medical Equipment	CMS DME	\$ -	10%	\$ -
Ambulance Services	CMS Ambulance	\$ -	0%	\$ -
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 255.96	10%	\$ 230.36
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
Total				\$ 6,552.86

- To clear the worksheet, click on “Clear Worksheet”
- To print out a copy of the three worksheets, click on “Print Worksheets”
- To export and save a copy of the worksheets, click on “Export Worksheets”, then save

VA-DoD Resource Sharing - Inpatient Billing Guide

Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator	\$ -		\$ 5,656.64	Clear Worksheet
Professional Services	TRICARE CMAC less Discount*	\$ 739.84	10%	\$ 665.86	
Durable Medical Equipment	CMS DME	\$ -	10%	\$ -	
Ambulance Services	CMS Ambulance	\$ -	0%	\$ -	Print Worksheets
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 255.96	10%	\$ 230.36	
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -	
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	Export Worksheet
Pass-through Items	cost	\$ -	0%	\$ -	
Other	cost	\$ -	0%	\$ -	
Total				\$ 6,552.86	

Billing Period and User Guide

- 2006 VA-DoD Guidance Memorandum:
 - Billing will be based on the agreement in place at the time services were rendered
 - Initial bills for inpatient care will be accepted for payment for up to one year after the date of discharge or end of encounter, unless the facilities agree to an extension due to local circumstances
 - Valid bills will be paid promptly
- User Guide available for download and reference from the TMA UBO Web site at:
<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>

Questions & Answers



- Please contact the UBO Helpdesk if you have any questions at 571-733-5935 or UBO.Helpdesk@altarum.org.

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